



**PATIENT**

Flash Salotti

**SPECIES**

Canine

**BREED**

Jack Russell Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

34 lbs

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Nause

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Nause

**INVOICE**

91193

**DATE**

8/12/21

**PRESENTING CLINICAL SIGNS**

History: urinating in sleep increased breathing  
8/3/21 alt 617, ALKP >2000 Urine creatinine 26.4 mg/dl urine protein 52.8 mg/dl urine protein: creat ratio 2.0

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.09 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted at 0.69 cm and 0.67 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

Differentiation of the spleen with the liver is very difficult. There appears to be a mottled, solid, large mass that is midabdominal and extends caudally measuring 9.2 x 5.6 cm. Anatomically this would favor a splenic mass, but a clear connection cannot be confirmed.

**Liver**

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There appears to be a solid, heterogenous mass measuring



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6.2 x 6.0 cm, which I suspect is arising from the liver. It is difficult to differentiate from adjacent spleen. I suspect there is more than one abdominal mass and I suspect this mass is hepatic. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SEX**

Neutered male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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**Pancreas**

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The region of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

I suspect two large, solid abdominal masses. One appears hepatic, the other is questionable and either splenic or hepatic. Differentials would include either benign or malignant masses. No cavitations were visualized. No free fluid is evident.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is difficult to differentiate the liver and spleen as the liver appears hyperechoic and somewhat mottled as does the spleen. Additionally, the masses are very large and they cannot be easily visualized in one image. I suspect there are two masses one appears hepatic and the other is questionable, but has a more caudally location, so I suspect it to be splenic. I recommend referral to a board-certified veterinary

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surgeon for a preoperative CT scan and surgical planning. I recommend three view thoracic radiographs. FNA may be helpful, but would not likely change the need for possible surgery and advanced imaging.

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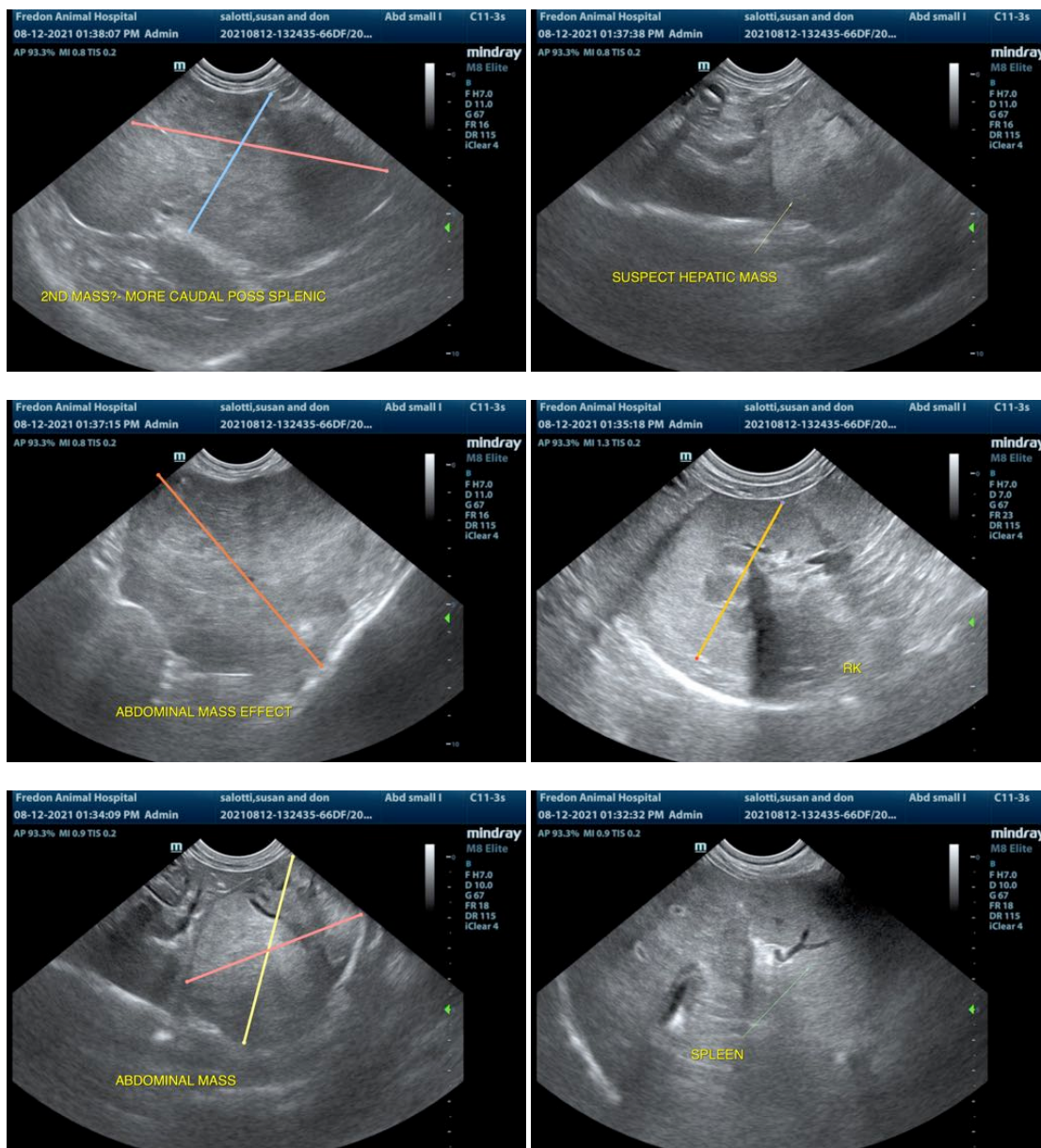
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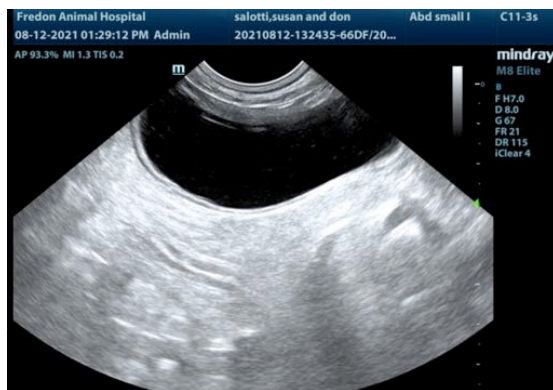
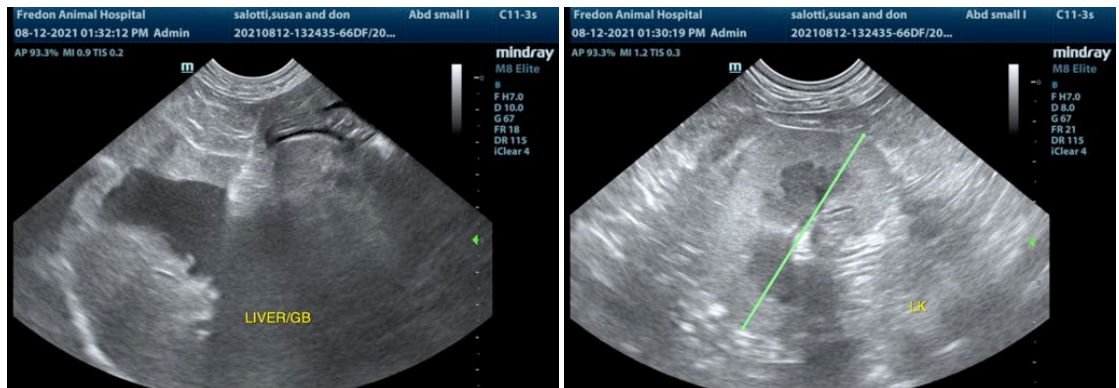
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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